A

#### **NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

### APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

☐ New Pharmacy			=/0	um arabin Chasses
□ New Filalinacy	(Please provide current	license nu		wnership Change king changes: PH <u>02568</u> )
☑ Non Publicly Trad	led Corporation – Page:	s 1,2,4,7	□ So	artnership - Pages 1,2,5,7 ple Owner – Pages 1,2,6,7 ct part of the application.
GENERAL INFOR	MATION to be comp	leted by	all types	of ownership
Pharmacy Name:	Agropec Trading, LLC d	ba Allivet		
Physical Address:	480 West 83rd Street,	Hialeah, F	L 33014	
-	480 West 83rd Street			
City: Hialeah		State:	Florida	Zip Code: <u>33014</u>
Telephone: 877-5	00-9944	Fax: _8	77-500-99	50
Toll Free Number:	877-500-9944	(	Required	per NAC 639.708)
E-mail:_leticia@allive				http://www.allivet.com
Managing Pharmad	cist: _Lenard Shaw			License Number: PS29643 - Florida
TYPI	E OF PHARMACY	AND	SF	ERVICES PROVIDED
Yes/N				es/No
<u></u>	☐ Retail			☑ Off-site Cognitive Services
	☑ Hospital (# beds	_)		☑ Parenteral **
	☑ Internet			☑ Parenteral (outpatient)
	☑ Nuclear			☑ Outpatient/Discharge
	☑ Ambulatory Surgery	Center	X	☐ Mail Service
	☑ Community			□ Long Term Care
	Other:			☑ Sterile Compounding **
				Non Sterile Compounding     ■
All box	kes must be checked			☑ Mail Service Sterile Compounding **
For the	e application to be com	plete		☑ Other Services:
++1E				

<sup>\*\*</sup>If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting.

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New Pharmacy or <b>Ownership Change</b> (Provide cu	rrent license number if making changes: PH
Check box below for type of ownership and complete all  ☐ Publicly Traded Corporation – Pages 1,2,3,7	required forms. 「7 Partnershin - Pages 1 2 5 7
Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7
CENEDAL INFORMATION to be consuleted by all	
GENERAL INFORMATION to be completed by all	
Pharmacy Name: Bowie's Priority Care	Pharmacy, LLC.
Physical Address: S100 Curry Hay	Su:te 150
Mailing Address: SIOD Curry Huy .	Suite 150
City: State: At	Zip Code: 35503
Telephone: <u>20-221-4090</u> Fax: <u>3</u>	8-295-1821
Toll Free Number: 888-333-1290 (Red	quired per NAC 639.708)
E-mail: at: grett@ prioritycare rx.net Web	site:
Managing Pharmacist: Richard Bowie	
Managing Pharmacist: Richard Bowie	
	License Number: 7396
TYPE OF PHARMACY AND	License Number: 7396  SERVICES PROVIDED
TYPE OF PHARMACY AND Yes/No	License Number: 7396  SERVICES PROVIDED  Yes/No
TYPE OF PHARMACY AND Yes/No ☐ Retail	License Number: 7396  SERVICES PROVIDED  Yes/No  Off-site Cognitive Services
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ Ma Hospital (# beds)	License Number: 7396  SERVICES PROVIDED  Yes/No  Condition Services  Parenteral **
TYPE OF PHARMACY AND  Yes/No  X □ Retail □ X Hospital (# beds) □ X Internet	License Number: 7396  SERVICES PROVIDED  Yes/No  Congressive Services Congressive Parenteral **  Parenteral (outpatient)
TYPE OF PHARMACY AND  Yes/No  X □ Retail □ X Hospital (# beds) □ X Internet □ X Nuclear	License Number: 7396  SERVICES PROVIDED  Yes/No  Parenteral **  Parenteral (outpatient)  Outpatient/Discharge
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ Ma Hospital (# beds) ☐ Ma Internet ☐ Ma Nuclear ☐ Ma Ambulatory Surgery Center	License Number: 7396  SERVICES PROVIDED  Yes/No  Parenteral **  Parenteral **  Parenteral (outpatient)  Outpatient/Discharge  Mail Service
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ IM Hospital (# beds) ☐ IM Internet ☐ IM Nuclear ☐ IM Ambulatory Surgery Center ☐ Community	License Number: 7396  SERVICES PROVIDED  Yes/No  Yes/No  Parenteral Cognitive Services Parenteral **  Parenteral (outpatient)  Outpatient/Discharge Mail Service  Long Term Care
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ IM Hospital (# beds) ☐ IM Internet ☐ IM Nuclear ☐ IM Ambulatory Surgery Center ☐ Community	License Number: 7396  SERVICES PROVIDED  Yes/No  Configure Services  Parenteral **  Parenteral (outpatient)  Outpatient/Discharge  Mail Service  Mail Service  Sterile Compounding **
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ Mathematical (# beds) ☐ Nuclear ☐ Mathematical Ambulatory Surgery Center ☐ Community ☐ Other:	License Number: 7396  SERVICES PROVIDED  Yes/No  Parenteral **  Parenteral **  Parenteral (outpatient)  Outpatient/Discharge  Mail Service  Mail Service  Sterile Compounding **  Non Sterile Compounding

95353

<sup>\*\*</sup>If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,



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Check box below for type of ownership and complete all	equire	ense number if making changes: PHend forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	S	ole Owner – Pages 1,2,5,7
GENERAL INFORMATION to be completed by all	, y	
Pharmacy Name: <u>Delaney Pharma</u>	cy,	LLC
Physical Address: 2573 Richmond Ro		Suite 300
Mailing Address: 2573 Richmond Rd	S	uite 300
City: <u>Lexington</u> State:	KY	Zip Code: <u>40509</u>
Telephone: 859-429-6943 Fax: 859	- 20	1-1439
Toll Free Number: 866-963-9484 (Red	uired	per NAC 639.708)
E-mail: pharmacist@delaneyrx. Com Web	site:	NA
Managing Pharmacist: James Tudor		
TYPE OF PHARMACY AND	SER	RVICES PROVIDED
TYPE OF PHARMACY AND Yes/No	SER Yes/	
	Yes/	
Yes/No	Yes/	No
Yes/No ⊠ □ Retail	Yes/	No ☑ Off-site Cognitive Services
Yes/No ⊠ □ Retail □ ⊠ Hospital (# beds)	Yes/	No 知 Off-site Cognitive Services 又 Parenteral **
Yes/No  ☐ Retail ☐ ☐ No Hospital (# beds) ☐ ☐ ☐ ☐ Internet	Yes/	No ☑ Off-site Cognitive Services ☑ Parenteral ** ☑ Parenteral (outpatient)
Yes/No  ☐ Retail ☐ ☐ Ky Hospital (# beds) ☐ ☐ ☐ Muclear	Yes/	No  Off-site Cognitive Services  Parenteral **  Parenteral (outpatient)  Outpatient/Discharge
Yes/No    Yes/No   Retail   Retail   Beds)   Mospital (# beds	Yes/	No  Continued to the continue of the continue
Yes/No  X    Retail	Yes/	No  Off-site Cognitive Services  Parenteral **  Parenteral (outpatient)  Outpatient/Discharge  Mail Service  Long Term Care  Sterile Compounding **  Non Sterile Compounding
Yes/No    Community	Yes/	No  Continued to the continue of the continue

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D

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New Pharmacy or <b>Ownership Change</b> (Provide cu	rrent license number if making changes: PH
Check box below for type of ownership and complete all properties all properties and complete all properties and complete all properties and complete all properties are complete all properties. Properties and complete all properties are complete all properties and complete all properties are complete all pro	required forms.
☐ Non Publicly Traded Corporation – Pages 1,2,4,7	☑ Sole Owner - Pages 1,2,5,7
	· · · · · · · · · · · · · · · · · · ·
GENERAL INFORMATION to be completed by all	types of ownership
Pharmacy Name: Invotex LLC d.b.a. Fusion	Pharmaceuticals
Physical Address: 4115 W. Spruce St, Suite:	202, Tampa, FL 33607
Mailing Address: 4115 W. Spruce St, Suite	202
City: Tampa State: F	L Zip Code: 33607
Telephone: 813-540-0066 Fax: 817	-380-7474
Toll Free Number: <u>888-241-1677</u> (Req	uired per NAC 639.708)
E-mail: mpranpat@rxfusion.com Webs	site:
Managing Pharmacist: Yvonne Yousset	License Number: PS37964
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☑ Cetail	☐ ☑ Off-site Cognitive Services
☐ ☑ Hospital (# beds)	☐ ☑ Parenteral **
☐ ☑ Internet	☐ ☑ Parenteral (outpatient)
☐ <b>☑</b> Nuclear	□ ☑ Outpatient/Discharge
☐ ☑ Ambulatory Surgery Center	☐ Mail Service
☑ Community	☐ ☑ Long Term Care
☐ ☐ Other:	☐ ☐ Sterile Compounding **
	☐ ☑ Non Sterile Compounding
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **
For the application to be complete	□ ☑ Other Services:

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New Pharmacy or <b>_Ownership Change</b> (Provide cur	rent license number if making changes: PH
Check box below for type of ownership and complete all r	equired forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 'on Publicly Traded Corporation – Pages 1,2,4,7	Partnership - Pages 1,2,5,7 Sole Owner - Pages 1,2,6,7
in ability reader corporation is aged 1,2,1,1	Leges (1,2,5,1
GENERAL INFORMATION to be completed by all t	ypes of ownership
Pharmacy Name: Hawthorne Pharmac	cy, LC
Physical Address: 3320 Tylersville K	oad,
Mailing Address: <u>Same as above</u>	
City: Hamilton State:	OH Zip Code:
Telephone: <u>5/3-299-796</u> Fax: <u>5/3</u>	3-285-3147
Toll Free Number: 866-602-6449 (Req	uired per NAC 639.708)
E-mail: pharmacist a hawthornerx. Webs	site://A
Managing Pharmacist: Patrick Caruso	
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
, XÍ □ Retail	□
□	□ □ Parenteral **
□ ☑ Internet	□ 📈 Parenteral (outpatient)
□ 🗭 Nuclear	□ ☑ Outpatient/Discharge
□ ☑ Ambulatory Surgery Center	☑ Mail Service
□ 🛱 Community	□ \ Long Term Care
□ 😡 Other:	☐ Sterile Compounding **
^	□ Non Sterile Compounding
All boxes must be checked	The state of the Charles of the State of the
For the application to be complete	☐ ☐ Mail Service Sterile Compounding **
For the application to be complete	Other Services:

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New Pharmacy or ☐Ownership Change (ProCheck box below for type of ownership and compl☐ Publicly Traded Corporation – Pages 1,2,3,7☐ Non Publicly Traded Corporation – Pages 1,2,4	ete all required forms
GENERAL INFORMATION to be completed	
Pharmacy Name: Innovative Px 1-LC	
Physical Address: 1171 So 1000 & Su	ite 2
Mailing Address: Same as Phare	
City: Drapex State	e: UT Zip Code: 9400 c
Telephone: 801-355-5170 Fax:	801-606-7358
Toll Free Number: <u>877.252.4887</u>	(Required per NAC 639 708)
E-mail: pharmacista unavativen net	- Warner and the second of the
1.00	License Number: [1][4][553-170]
TYPE OF PHARMACY AND	
Yes/No	SERVICES PROVIDED
Retail	Yes/No
	☐ ☑ Off-site Cognitive Services
- 115 pilosi (ii 2000)	☐ 🌠 Parenteral **
	☐ ☑ Parenteral (outpatient)
□ <b>□</b> Nuclear	Outpatient/Discharge
□ Ψ Ambulatory Surgery Center	Mail Service
□ □ Community	☐ ☑ Long Term Care
□ <b>□</b> Other:	☐ Ŋ Sterile Compounding **
	□ 🕨 Non Sterile Compounding
All boxes must be checked	☐
For the application to be complete	Other Services:

95355

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'MNew Pharmacy or <b>☐Ownership Chang</b> e (I Check box below for type of ownership and con	Provide current license number if making changes: PH
☐ Publicly Traded Corporation – Pages 1,2,3,7	☐ Partnership - Pages 1,2,5,7
☐ Publicly Traded Corporation – Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2	2,4,7
GENERAL INFORMATION to be complete	d by all types of ownership
Pharmacy Name: Pinnaclo Pharmacy	Solutions, LLC
Physical Address: 3011 S. 52nd St	(7)
Mailing Address: 3011 South 52	nd Street
	ate: <u>A2</u> Zip Code: <u>89282</u>
Telephone: 480-485-1306 Fa	x: 480-718-7573
Toll Free Number: 801-1948	
E-mail: Management apinnache phannagers com	- Website: NA
Managing Pharmacist: Kothleen	Cray License Number: 12633
TYPE OF PHARMACY AN	SERVICES PROVIDED
Yes/No	Yes/No
💢 🥦 Retail	☐ ♥ Off-site Cognitive Services
□ 🕅 Hospital (# beds)	□ ★ Parenteral **
□ 🗖 Internet	□ 🛱 Parenteral (outpatient)
□ 🗖 Nuclear	□
☐ 💢 Ambulatory Surgery Cent	er 🔲 🖼 Mail Service
☐ ☒ Community	□ ☑ Long Term Care
□ 🗵 Other:	
	□
All boxes must be checked	☐ Mail Service Sterile Compounding **
For the application to be complete	
	processing

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Thou Pharman or Tournardin Character	
☐New Pharmacy or <b>■Ownership Chang</b> e (Provide cu Check box below for type of ownership and complete all the	rrent license number if making changes: PH 02830 required forms
☐ Publicly Traded Corporation - Pages 1,2,3,7	☐ Partnership - Pages 1.2.5.7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all	types of ownership
Pharmacy Name: Prime Therapeutics Specialty Pharmacy	
Physical Address: 2354 Commerce Park Drive, Ste 100, C	Orlando, FL 32819
Mailing Address: PO Box 901	
City: Deerfield State: IL	Zip Code: _60015
Telephone: <u>1-407-591-4063</u> Fax: <u>1-407-</u>	-591-4076
Toll Free Number: <u>1-877-627-6337</u> (Req	juired per NAC 639.708)
E-mail: SpecialtyLicenses@walgreens.com Webs	site: www.primetherapeutics.com
Managing Pharmacist: Sabeen Hasni	License Number: PS39363
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
□ <b>■</b> Retail	☐ ■ Off-site Cognitive Services
☐ ■ Hospital (# beds)	□ ■ Parenteral **
☐ ■ Internet	☐ ■ Parenteral (outpatient)
□ ■ Nuclear	☐ ■ Outpatient/Discharge
☐ ■ Ambulatory Surgery Center	■ □ Mail Service
☐ ■ Community	☐ ■ Long Term Care
■ Other: <u>Mail Order</u>	☐ ■ Sterile Compounding **
	□ ■ Non Sterile Compounding
All boxes must be checked	☐ ■ Mail Service Sterile Compounding **
For the application to be complete	□ Sther Services:
**If you check "yes" on any of those types of con-	

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New Pharmacy or Mownership Change (Provide cu	
Check box below for type of ownership and complete all	required forms.
Publicly Traded Corporation – Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Partilership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1.2.6.7
Another ability maded despotation in ages (1=1.1).	
<b>GENERAL INFORMATION to be completed by all</b>	types of ownership
Pharmacy Name: Scripts Rx Pharmacy	
Physical Address: 1333 w. Belmont aw	Sle 320, Chiago, 12 60657
Mailing Address: 1333 W. Belmont Buc. Sk 32	
City: Chicago State:	1L Zip Code: <u>60657</u>
Telephone: 800-266-4907 Fax: 87	17-992-3831
Toll Free Number: 900 - 266 - 4907 (Re	quired per NAC 639.708)
E-mail: info@scriptsrxpharmacy.com Web	osite: www.scriptsrxpharmay.com
Managing Pharmacist: Joseph Moore	License Number: <u>051299934</u>
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
🔀 🗆 Retail	☐ X Off-site Cognitive Services
□ 🧏 Hospital (# beds)	□ 🧖 Parenteral **
□ 🕱 Internet	□ 💆 Parenteral (outpatient)
∪ 💢 Nuclear	□ ☑ Outpatient/Discharge
☐ [X] Ambulatory Surgery Center	X ☐ Mail Service
∑ ☐ Community	□ 🧏 Long Term Care
□ <b>D</b> Other:	□ 🕱 Sterile Compounding **
	☐ X Non Sterile Compounding
All boxes must be checked	☐   Mail Service Sterile Compounding **
For the application to be complete	□ X Other Services:
	,
	wiene wou will be required to make an

<sup>\*\*</sup>If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.

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### **NEVADA STATE BOARD OF PHARMACY**

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Alow Dharman	
New Pharmacy or <b>Ownership Change</b> (Provide Check box below for type of ownership and complete a	current license number if making changes: PH
Publicly Traded Corneration Degree 4.0.07	— D ( // =
☐ Non Publicly Traded Corporation – Pages 1,2,4,7	Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by a	all types of ownership
Pharmacy Name: US HEALTHLINK LL	<u>.c</u>
Physical Address: 1516 E. HTLLCREST	
Mailing Address: Same	
City: OLLANDO State:	FL Zip Code: 32803
Telephone: 407-440-4945 Fax: 4	
Toll Free Number: <u>855-421-2732</u> (R	
E-mail: pharmacy ous healthlink.com We	ebsite: <u>NA</u>
Managing Pharmacist: Meitsy Martinez	
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
Retail	□ 🕱 Off-site Cognitive Services
□ 🕱 Hospital (# beds)	□ 🕅 Parenteral **
□ 攻 Internet	□ 💢 Parenteral (outpatient)
□ 🗕 Nuclear	□
☐ ☑ Ambulatory Surgery Center	Mail Service
Community	□ 🗖 Long Term Care
Other:	□ ▼ Sterile Compounding **
	□
All boxes must be checked	☐ ズ Mail Service Sterile Compounding **
For the application to be complete	Other Services:
**If you chack "yos" on any of these turns of	

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Check box below for	type of ownership and co	implete all requi	license number if making cha ired forms.	
☐ Publicly Traded C	orporation – Pages 1,2,3, led Comoration – Pages 1	7	Partnership - Pages 1,2, Sole Owner - Pages 1,2,	5,7 6.7
				0,1
GENERAL INFORI	MATION to be comple	ted by all type	es of ownership	
Pharmacy Name:	WALGREENS #02445			
Physical Address:	8337 S PARK CIRCLE			<del></del>
Mailing Address: _	PO BOX 901, DEERFIELD, IL 600	15		
City: ORLANDO		State: _FL	Zip Code: _	32819
Telephone: 800-999	-2655 F	ax: 800-332-9581		
Toll Free Number:	000 000 0055		d per NAC 639.708)	
E-mail:MICHELLE.MA	ZZENGA@WALGREENS.COM	Website:	WWW.WALGREENS.COM	
Managing Pharmac	ist: LONNIE C. WOLLITZ		License Number:	PS34385 (FL)
TYPE	OF PHARMACY A	ND SE	RVICES PROVIDED	
Yes/N	0	Ye	s/No	
	Retail		■ Off-site Cognitive Se	rvices
	Hospital (# beds)		■ Parenteral **	
	Internet		■ Parenteral (outpatien	ıt)
	Nuclear		Outpatient/Discharge	
	Ambulatory Surgery Cer	nter 🔳	☐ Mail Service	
	Community		Long Term Care	
	Other:		■ Sterile Compounding	**
			Non Sterile Compour	nding
All box	es must be checked		■ Mail Service Sterile C	Compounding **
For the	application to be comple	ete 🗆	Other Services:	

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Check box below for type of ownership and complete all	required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all	
Pharmacy Name: Wellness Pharm	racy, LC
Physical Address: 1480 Wilcrest	Drive.
Mailing Address: 1480 WINCEST	Drive
City: Houston State: 7	EXAS Zip Code: 77042
Telephone: <u>713 53 2 0008</u> Fax: <u>71</u>	
Toll Free Number: 8558737992 (Req	juired per NAC 639.708)
E-mail: SheriNeB@ Hotmail Convebs	site: N/A
Managing Pharmacist: SheriNe Bahne	
Managing Pharmacist: SheriNe Bahne	License Number: <u>/4645</u> (
Managing Pharmacist: Sheri Ne Bahne  TYPE OF PHARMACY AND	License Number: 146456  SERVICES PROVIDED  Yes/No.
Managing Pharmacist: Sheri Ne Bahne  TYPE OF PHARMACY AND  Yes/No  □ Retail	License Number: 146456  SERVICES PROVIDED
Managing Pharmacist: Sheri Ne Bahne  TYPE OF PHARMACY AND  Yes/No  Retail	License Number: //6/56  SERVICES PROVIDED  Yes/No.  Off-site Cognitive Services Parenteral **
Managing Pharmacist: Sheri Ne Bahne  TYPE OF PHARMACY AND  Yes/No  Retail  Hospital (# beds)	License Number: //6456  SERVICES PROVIDED  Yes/No.  □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient)
Managing Pharmacist: Sheri Ne Bahne  TYPE OF PHARMACY AND  Yes/No  Retail Hospital (# beds) Internet Nuclear	License Number: //6/56  SERVICES PROVIDED  Yes/No.  Off-site Cognitive Services Parenteral **
Managing Pharmacist: Sheri Ne Bahne  TYPE OF PHARMACY AND  Yes/No  Retail  Hospital (# beds)  Internet  Nuclear	License Number: //6/56  SERVICES PROVIDED  Yes/No.
Managing Pharmacist: Sheri Ne Bahne  TYPE OF PHARMACY AND  Yes/No  Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center	License Number: //6/5()  SERVICES PROVIDED  Yes/No.
Managing Pharmacist: Sheri Ne Bahne  TYPE OF PHARMACY AND  Yes/No  Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	License Number: //6/5()  SERVICES PROVIDED  Yes/No.
Managing Pharmacist: Sheri Ne Bahne  TYPE OF PHARMACY AND  Yes/No  Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	License Number: _/
Managing Pharmacist: Sheri Ne Bahne  TYPE OF PHARMACY AND  Yes/No  Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community Other:	License Number: //6/5(o  SERVICES PROVIDED  Yes/No.  □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge □ ☑ Mail Service □ ☑ Long Term Care □ ☑ Sterile Compounding ** □ ☑ Non Sterile Compounding

<sup>\*\*</sup>If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,



431 W Plumb Lane - Reno, NV 89509

#### APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or <b>Dwnership Chang</b> e (Provide curling Check box below for type of ownership and complete all red Publicly Traded Corporation – Pages 1,2,3,7  Non Publicly Traded Corporation – Pages 1,2,4,7	equired forms.
GENERAL INFORMATION to be completed by all t	ypes of ownership
Pharmacy Name: Advanced Rx	
Physical Address: 14Z-A W. German	town Pike
Mailing Address: 142-A W. German	itour Pike
City: East Norriton State: P.	A Zip Code: 19401
Telephone: 484-681-5756 Fax: 484	1-681-5673
Toll Free Number: 1-844-511-4760 (Requ	uired per NAC 639.708)
E-mail: jason@advancedrx.co Webs	ite: <u>www.advancedrx.co</u>
Managing Pharmacist: Jason Terusik	
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☑ □ Retail	□ 🛛 Off-site Cognitive Services
☐ 🔀 Hospital (# beds)	□ 🛍 Parenteral **
□ 🗹 Internet	□ ဩ Parenteral (outpatient)
□ 🗷 Nuclear	□ 🛮 Outpatient/Discharge
☐	🕱 🗆 Mail Service
□ Community	□ 🗷 Long Term Care
□ □ <del>□ Other</del> :	☐ ☑ Sterile Compounding **
	Non Sterile Compounding
All boxes must be checked	☐ ☐ Mail Service Sterile Compounding **
For the application to be complete	□ № Other Services:

\*\*If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

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### **NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane - Reno, NV 89509

# APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

CIU DI	
☑New Pharmacy or	required forms
GENERAL INFORMATION to be completed by all	types of ownership
Pharmacy Name: CARECOM PHARMACY	& COMPOUNDING
Physical Address: 6630 FM 1463 Rd, Sui	te 400-A, KATY TX 77494
Mailing Address: 6630 FM 1463 RJ, Sui	te 400-A
City: KATY State:	TX Zip Code: 77 494
Telephone: 832 - 437 - 3397 Fax: 83	2-437-3239
Toll Free Number: 1-844-898-2619 (Red	quired per NAC 639.708)
E-mail: Syed _ CVC @ yahoo · com Web	site: WWW. CarecomPharmacu.com
Managing Pharmacist:SYED_ 🏅. SHAT	License Number: 30373
TYPE OF PHARMACY AND	
Yes/No	
☑ □ Retail	Yes/No
	☐ ☑ Off-site Cognitive Services
☐ ☑ Hospital (# beds)	□ 🛛 Parenteral **
□ ☑ Internet	□ ☑ Parenteral (outpatient)
☐ ☑ Nuclear	☑ Outpatient/Discharge
☐ ☑ Ambulatory Surgery Center	☑ Mail Service
☑ □ Community	☐ ☑ Long Term Care
□	☐ ☑ Sterile Compounding **
	☑ □ Non Sterile Compounding
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **
For the application to be complete	☐ ☑ Other Services:
*12	

<sup>\*\*</sup>If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

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### **NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane - Reno, NV 89509

### APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

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Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑New Pharmacy or ☐ <b>Ownership Chang</b> e (Provide current license number if making changes: PH Check box below for type of ownership and complete all required forms. (uc) ☐ Publicly Traded Corporation – Pages 1,2,3,7				
GENERAL INFORMATION to be completed by all types of ownership				
Pharmacy Name: Care Rx LLe / Payless Drug				
Physical Address: 18110 SE 34th St., Building 2, Suite 270				
Mailing Address: 18110 SE 34th St., Building 2. Suite 270				
City: Vancouver State: WA Zip Code: 98683				
Telephone: 503-626-9436 Fax: 503-372-1792				
Toll Free Number: 1860-330-3665 (Required per NAC 639.708)				
E-mail: atta. chowdhry @ paykesdrag.com Website: Paylessdrag.com				
Managing Pharmacist: Rtta Chowdhry License Number: PH 000/9273				
TYPE OF PHARMACY AND SERVICES PROVIDED				
Yes/No Yes/No				
☑ Retail  ☐ ☑ Off-site Cognitive Services				
☐ ☑ Hospital (# beds) ☐ ☑ Parenteral **				
☐ ☑ Internet ☐ ☑ Parenteral (outpatient)				
□ ☑ Nuclear □ ☑ Outpatient/Discharge				
□ ☑ Ambulatory Surgery Center ☑ □ Mail Service				
□ ☑ Community				
☑ □ Other: Long term Care □ ☑ Sterile Compounding **				
All boxes must be checked 🔲 🗵 Mail Service Sterile Compounding **				
For the application to be complete    Other Services:				
tu tu et antices you will be required to make an				

\*\*If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,



431 W Plumb Lane - Reno, NV 89509

### APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

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Application must be printed legibly or typed

New Pharmacy or Ownership Change (Providence to the change of comparable and accordance to the change of comparable to the change of chang	de current license number if making changes: PH			
Check box below for type of ownership and complete all required forms.  ———————————————————————————————————				
Publicly Traded Corporation – Pages 1,2,3,7				
GENERAL INFORMATION to be completed by all types of ownership				
Pharmacy Name: LOYOLA PHARMACY				
Physical Address: 8610 S. SEPULVEDA BLVD #10	Address: 8610 S. SEPULVEDA BLVD #108, LOS ANGELES, CA 90045			
Mailing Address: _SAME AS ABOVE				
City: State:	Zip Code:			
Telephone: 310-670-3834 Fax: 3	310-670-4921			
Toll Free Number: <u>866-719-9507</u>	(Required per NAC 639.708)			
E-mail: EMERSONRX@YAHOO.COM	Vebsite:N/A			
Managing Pharmacist: ZOULIKHA NEDJAR	License Number: RPH52225			
TYPE OF PHARMACY AND	SERVICES PROVIDED			
Yes/No	Yes/No			
⊠′ □ Retail	☐ ☑ Off-site Cognitive Services			
☐ ☑ Hospital (# beds)	□ ☑ Parenteral **			
□ ☑ Internet	☐ ☑ Parenteral (outpatient)			
□ □ Nuclear	□ ☑ Outpatient/Discharge			
□ ☑ Ambulatory Surgery Center	□ Ø Mail Service			
☐ Community	□ ☑ Long Term Care			
□ <b>☑</b> Other:	□ □ Sterile Compounding **			
All boxes must be checked	☐  ☐ Mail Service Sterile Compounding **			
For the application to be complete	☐ ☑ Other Services:			
1120				

<sup>\*\*</sup>If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,



431 W Plumb Lane - Reno, NV 89509

#### APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7  ☐ GENERAL INFORMATION to be completed by all types of ownership  Pharmacy Name:  PRIME THERAPEUTICS  Physical Address:  2901 KINWEST PKWY, SUITES 250 &350  Mailing Address:  PO BOX 901, DEERFIELD, IL 60015  City:  IRVING  State:  TX  Zip Code:  75063  Telephone:  877-357-7463  Fax:  972-630-1449	□New Pharmacy or ■Ownership Change (Provide current license number if making changes: PH_02062				
Pharmacy Name:  PRIME THERAPEUTICS  Physical Address: 2901 KINWEST PKWY, SUITES 250 &350  Mailing Address: PO BOX 901, DEERFIELD, IL 60015  City: IRVING State: TX Zip Code: 75063  Telephone: 877-357-7463 Fax: 972-630-1449	Check box below for type of ownership and complete all required forms.				
PRIME THERAPEUTICS  Physical Address: 2901 KINWEST PKWY, SUITES 250 &350  Mailing Address: PO BOX 901, DEERFIELD, IL 60015  City: IRVING State: TX Zip Code: 75063	☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7				
Physical Address: 2901 KINWEST PKWY, SUITES 250 &350  Mailing Address: PO BOX 901, DEERFIELD, IL 60015  City: IRVING State: TX Zip Code: 75063  Telephone: 877-357-7463 Fax: 972-630-1449	•				
Physical Address:2901 KINWEST PKWY, SUITES 250 &350           Mailing Address:PO BOX 901, DEERFIELD, IL 60015           City:IRVING         State:TXZip Code:75063           Telephone:877-357-7463         Fax:972-630-1449	SENERAL INFORM	MATION to be comple	eted by	all types	of ownership
Mailing Address:         PO BOX 901, DEERFIELD, IL 60015           City:         IRVING         State:         TX         Zip Code:         75063           Telephone:         877-357-7463         Fax:         972-630-1449	Pharmacy Name: _	PRIME THERAPEUTICS			
City:         IRVING         State:         TX         Zip Code:         75063           Telephone:         877-357-7463         Fax:         972-630-1449	Physical Address:	2901 KINWEST PKWY, SUITES 250 &350			
Telephone: 877-357-7463 Fax: 972-630-1449	Mailing Address: _	PO BOX 901, DEERFIELD, IL 60015			
	City:RVING		State:	TX	Zip Code: <u>75063</u>
Toll Free Number:877-357-7463 (Required per NAC 639.708)	Геlephone: <u>877-357-</u> 7	7463	Fax:	972-630-1449	9
	Foll Free Number:	nber:877-357-7463 (Required per NAC 639.708)			
E-mail: SpecialtyLicenses@walgreens.com Website:www.primetherapeutics.com	E-mail: SpecialtyLice	enses@walgreens.com	W	ebsite:	WWW.PRIMETHERAPEUTICS.COM
Managing Pharmacist: JAGRUTI PATEL-HERRON License Number: 33588					
TYPE OF PHARMACY AND SERVICES PROVIDED	TYPE	OF PHARMACY	AND	SEF	RVICES PROVIDED
Yes/No Yes/No	Yes/N	0		Yes	/No
■ □ Retail □ ■ Off-site Cognitive Services		] Retail			Off-site Cognitive Services
☐ ■ Hospital (# beds) ☐ ■ Parenteral **		Hospital (# beds)	)		■ Parenteral **
☐ Internet ☐ ■ Parenteral (outpatient)		Internet			■ Parenteral (outpatient)
□ ■ Nuclear □ ■ Outpatient/Discharge		Nuclear			Outpatient/Discharge
☐ ■ Ambulatory Surgery Center ■ ☐ Mail Service		Ambulatory Surgery Co	enter		☐ Mail Service
☐ ■ Community ☐ ■Long Term Care		Community			Long Term Care
☐ ■ Other: ☐ ■ Sterile Compounding **		Other:			Sterile Compounding **
■ □ Non Sterile Compounding					☐ Non Sterile Compounding
All boxes must be checked ☐ ■ Mail Service Sterile Compounding **	All box	kes must be checked			■ Mail Service Sterile Compounding **
For the application to be complete	For the	e application to be comp	olete		Other Services:

<sup>\*\*</sup>If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,



431 W Plumb Lane - Reno, NV 89509

# APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

Mew Pharmacy or Mountain Change (D.	
I CHOCK DUX DEIDW IOI IVDH DI DWIDERSDID SDA AAMA	ovide current license number if making changes: PH 00988 lete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7  Non Publicly Traded Corporation – Pages 1,2,4	☐ Partnership - Pages 1,2,5,7
Tron r ability traded Corporation - Pages 1,2,4	3,7 ☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed	by all types of ownership
Pharmacy Name:Walgreens Mail Sevice	
Physical Address: 8350 S. River Pkwy., Tempe, AZ	85284-2615
Mailing Address: PO Box 901	
City: Deerfield State	e: Zip Code:
Telephone:Fax:	
Toll Free Number: <u>1-800-345-1985</u>	(Required per NAC 639.708)
C manife	walgreens.com Website:
Managing Pharmacist: Hazem Abawi	License Number: S01477
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☐ 🖿 Retail	☐ ■ Off-site Cognitive Services
☐ I Hospital (# beds)	□ ■ Parenteral **
□ ■ Internet	☐ ■ Parenteral (outpatient)
🗆 🖷 Nuclear	□ ■ Outpatient/Discharge
☐ ■ Ambulatory Surgery Center	■ □ Mail Service
☐ ■ Community	□ ■ Long Term Care
Other: _Mail order	☐ ■ Sterile Compounding **
	■ □ Non Sterile Compounding
All boxes must be checked	☐ ■ Mail Service Sterile Compounding **
For the application to be complete	☐ Other Services:
416	

\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

#### APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

	☐ Owner (Please provide current lice	ship Change ense number		ges: WH_	
Ownership is a:					
☐ Publicly Traded C☐ Non Publicly Trad	orporation – Pages 1,2,3, ed Corporation – Pages 1 x for type of ownership ar	,2,3,5a,5b	☐ Sole Owne	er – Page	es 1,2,3,7
GENERAL INFOR	MATION				
Facility Name: Am	erisourceBergen Drug Corp	13			
Physical Address:	7775 W. Buckeye Ro	ad Suite 15	50		
Mailing Address:	7775 W. Buckeye Roa	d Suite 150	)		
City: Phoenix		State: <u>AZ</u>		_ Zip Co	ode: 85043
Telephone: 602	477-8661	Fax:	602 442-88	52	
Toll Free Number:	***				
E-mail:_mafisher@amerisourcebergen.com					
Facility Manager:	Michael Garland				
Mike Garland held the following positions with AmerisourceBergen Drug Corporation over the last 17  Professional qualifications and experience of facility manager: years:					
1999-2004: Inventory	Manager 2004-2013: C	perations Ma	anager 2013-	present:	Director of Operations
Types of licensed outlets or authorized persons firm will serve:					
	☑ Practitioners		図 Hospitals	<b>3</b>	☑′ Wholesalers
Type of Products to	o be handled or wholesa	aled be firm	<u>ı:</u>		
☐ Poisons or Che ☐ Controlled Subs	aceuticals, Supplies or E micals stances (include copy or	FDEA)		•	ic Devices Legend Drugs

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### **NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

# APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

New Wholesaler
(Please provide current license number if making changes: WH)
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6
Non Publicly Traded Corporation – Pages 1,2,3,5a,5b
Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION ,
Facility Name: AVELLA OF JEER VALLEY, (NC #38
Physical Address: 24416 N. 19 HE AVE
Mailing Address: 1606 W. WHSPECING Winn De.
City: Wholen x State: A7 Zip Code: 85085
Telephone: (877) 719-6362 Fax: (877) 719-6362
Toll Free Number: (877)719-6349
E-mail: Christopher direffric Cavella con Website: www. avella. Com
Facility Manager:
Professional qualifications and experience of facility manager:  PREVIOUS FACILITY WANTER FOR EVENUE OF DEER VALLEY
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers  Other: ☐ Wholesalers
Type of Products to be handled or wholesaled be firm:
A Lorend Dharman II L C II To I
7 Deiense au Ol
Controlled Substances (include copy of DEA)
☐ Other:

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

### APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

New Wholesaler				
	(Flease provide current license flame	Der if Making Changes. 1115_		
Publicly Traded C Non Publicly Trad Please check box	orporation – Pages 1,2,3,4 ed Corporation – Pages 1,2,3,5a,5 x for type of ownership and comple	☐ Partnership - Pages b ☐ Sole Owner - Pages ate correct part of the applic	1,2,3,7	
		· · · · · · · · · · · · · · · · · · ·		
GENERAL INFORI	<u>WATION</u> undinal Haalth 200 II C			
Facility Name:	ardinal Health 200 LLC 3550 Roy Orr Blvd - Su	1 100		
Physical Address:	3550 Roy Orr Blvd - Su	ite 180		
Mallina Addunger	7000 Cardinal PI - OCLO	C Attn Cynthia Rho	odes	
City: Grand Pra	airie State: Fa: Fa:	OH Zip Coo	<sub>de:</sub> 75050	
Telephone: 972	-790-7489 Fa	x: _ 614-652-0282	2	
Toll Free Number:	N/A			
gmb-facility-licensing@cardinalhealth.com www.cardinal.com				
Toll Free Number: 107 A  E-mail: gmb-facility-licensing@cardinalhealth.com www.cardinal.com Website: Julian Dodd - Manager Operations Management				
Professional qualifications and experience of facility manager: See Attached				
Types of licensed outlets or authorized persons firm will serve:				
<b>✓</b> Pharmacies	✓ Practitioners	√ Hospitals √	Wholesalers	
Other:	✓ Practitioners		<del></del>	
Type of Products to	be handled or wholesaled be f	<u>irm:</u>	(47)	
Legend Pharma	aceuticals, Supplies or Devices	<b>✓</b> Hypodermi		
Poisons or Che	micals	☐ Veterinary	Legend Drugs	
	stances (include copy of DEA) al Medical Supplies			
A 1	A			

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# **NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

# APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

□ New Wholesaler ☑ Ownership Change  (Please provide current license number if making changes: WH 01237 )
<ul> <li>□ Publicly Traded Corporation – Pages 1,2,3,4</li> <li>□ Partnership - Pages 1,2,3,6</li> <li>□ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b</li> <li>□ Sole Owner – Pages 1,2,3,7</li> <li>Please check box for type of ownership and complete correct part of the application.</li> </ul>
GENERAL INFORMATION
Facility Name: Priority Healthcare Distribution, Inc. d/b/a Curascript SD Specialty Distribution
Physical Address: 1680 Century Center Parkway, Suite 8 Memphis, TN 38134
Mailing Address: same as physical address
City:
Telephone:Fax:Fax:Fax:Fax:
Toll Free Number: 877-900-9223
E-mail: vickie.abshire@curascript.com Website:
Facility Manager: Vickie Abshire
Professional qualifications and experience of facility manager: See attached resume
Types of licensed outlets or authorized persons firm will serve:
☑ Pharmacies ☑ Practitioners ☑ Hospitals ☑ Wholesalers ☑ Other:
Type of Products to be handled or wholesaled be firm:
☐ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:



431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

### APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

New Wholesaler				
<ul> <li>□ Publicly Traded Corporation □ Pages 1,2,3,4</li> <li>□ Non Publicly Traded Corporation □ Pages 1,2,3,5a,5b</li> <li>□ Sole Owner □ Pages 1,2,3,7</li> <li>Please check box for type of ownership and complete correct part of the application.</li> </ul>				
GENERAL INFORMATION				
Facility Name:Flexion Therapeutics, Inc.				
Physical Address:10 Mall Road. Suite 301. Burlington. MA 01803				
Mailing Address:10 Mall Road, Suite 301, Burlington, MA 01803				
City: Burlington State: MA Zip Code: 01803				
Telephone:				
Toll Free Number: n/a				
E-mail: statelicenses@flexiontherapeutics.com Website: www.flexiontherapeutics.com				
Facility Manager:Frederick Driscoll				
Professional qualifications and experience of facility manager: See Attached				
Types of licensed outlets or authorized persons firm will serve:				
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other: Specialty Distributors & Specialty Pharmacies				
Type of Products to be handled or wholesaled be firm:				
<ul> <li>☑ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li> <li>☐ Unique Devices</li> <li>☐ Veterinary Legend Drugs</li> </ul>				



431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

# **APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

AL MAIN AND A STATE OF THE STAT				
Mew Wholesaler □ Ownership Change (Please provide current license number if ma	aking changes: WH)			
<ul> <li>✓ Publicly Traded Corporation – Pages 1,2,3,4</li> <li>☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b</li> <li>☐ Sole Owner – Pages 1,2,3,7</li> <li>Please check box for type of ownership and complete correct part of the application.</li> </ul>				
GENERAL INFORMATION				
Facility Name: Fresenius USA, Inc. d/b/a Fresenius Medical	Care North America			
Physical Address: 4040 Nelson Avenue, Concord, CA 94520				
Mailing Address: 920 Winter Street				
City: Waltham State: MA	Zip Code:02451			
Telephone: 781-699-4096 Fax: (mailing)	781-699-9645			
Toll Free Number: 800-662-1237 x4096				
E-mail: Bridget.Taylor@fmc-na.com Website:	www.fmcna.com			
Facility Manager: <u>Jimmy McCracken</u>				
Professional qualifications and experience of facility mana more than 25 years experience in supply chain, inventory, and busine	ger: B.S in Business Management and ses start ups.			
Types of licensed outlets or authorized persons firm will se	erve:			
☐ Pharmacies ☐ Practitioners ☐ H  Other:	lospitals			
Type of Products to be handled or wholesaled be firm:				
Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals Controlled Substances (include copy of DEA) Other:	<ul><li>☐ Hypodermic Devices</li><li>☐ Veterinary Legend Drugs</li></ul>			

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#### **NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

### **APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

New Wholesaler
<ul> <li>✓ Publicly Traded Corporation – Pages 1,2,3,4</li> <li>☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b</li> <li>☐ Sole Owner – Pages 1,2,3,7</li> <li>Please check box for type of ownership and complete correct part of the application.</li> </ul>
GENERAL INFORMATION
Facility Name: Fresenius USA Manufacturing, Inc. d/b/a Fresenius Medical Care North America
Physical Address: 371 S Royal Lane, DFW Airport, TX 75261
Mailing Address: 920 Winter Street
City: Waltham State: MA Zip Code: 02451
Telephone: 781-699-4096 Fax: 781-699-9645 (mailing)
Toll Free Number: 800-662-1237 x4096
E-mail: Bridget, Taylor@fmc-na.com Website: www.fmcna.com
Facility Manager: Coyle A. Allen
Professional qualifications and experience of facility manager: M.S. Business and Human Relations and
B.S. Business Administration. 2 years working with the applicant, 15 years experience in Pharmaceutical industry.
Types of licensed outlets or authorized persons firm will serve:
Pharmacies
Type of Products to be handled or wholesaled be firm:
<ul> <li>Legend Pharmaceuticals, Supplies or Devices</li> <li>□ Poisons or Chemicals</li> <li>□ Controlled Substances (include copy of DEA)</li> <li>□ Other: Prescription and Non-prescription products used in the mitigation and treatment of End Stage Renal Disease</li> </ul>

Z

### **NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

# APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

r New Wholesaler New Wholesaler	☐ Owr (Please provide current	nership Chan license numbe		aking changes	· WH \	
				arming critaring of		
∥⊠ Non Publicly Trad	orporation – Pages 1,2 led Corporation – Page x for type of ownership	s 1,2,3,5a,5b		Sole Owner –	Pages 1 2 3 7	
GENERAL INFOR	MATION					
Facility Name: _H	ERCULES PHARMACE	JTICALS, INC	)	· · · · · · · · · · · · · · · · · · ·		
Physical Address:	27 Seaview Boulevard,	Port Washing	gton N	Y 11050		
Mailing Address: _	27 Seaview Boulevard					<del></del>
City: Port Washing	gton	State:	NY	Z	ip Code:11050	
Telephone: 212-3	390-8577	Fax:		212-390-8578	3	
Toll Free Number:		<del></del>				<del></del>
E-mail: compliance	e@herculesrx.com	Webs	site:	http://www.h	erculesrx.com	_
Facility Manager: _	TIMOTHY M. WARD					_
unique combinatio experience and go Types of licensed or	n of compliance expenses  vernment relations ex  utlets or authorized positions	erience, inte xperience fo ersons firm	rnatio ocusio will s	onal financia ng on regula erve:	rate executive, attorned I transaction experience tion and complex trans	e husinos
☐ Other:	☑ Practitione	rs ————	<u>□</u>	lospitals	☑ Wholesalers	
Type of Products to	be handled or wholes	saled be firn	<u>n:</u>			_
Poisons or Chem	ances (include copy o				lermic Devices nary Legend Drugs	

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431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

### APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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\	
,	New Wholesaler
\	☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6  Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7  Please check box for type of ownership and complete correct part of the application.
	GENERAL INFORMATION Facility Name: HIKMA AMERICAS, TNC.
	Physical Address: 5865 Ridgeway Center Parkway, Sinte 310, Office 352
	Mailing Address:
	City: Memphis State: TN Zip Code: 38/20
	Telephone: 901-820-44-77 Fax:
	Toll Free Number:
	E-mail-trade Relations whikma-america Website: Www. hikma americas, com
	Facility Manager: FRANK SWastons
	Professional qualifications and experience of facility manager: President
	(See resume)
	Types of licensed outlets or authorized persons firm will serve:
_	Pharmacies
	Type of Products to be handled or wholesaled be firm:
>	Legend Pharmaceuticals, Supplies or Devices  ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:



431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

# APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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Application must be printed legibly or typed

- N. 140   1   1
✓ New Wholesaler
(Please provide current license number if making changes: WH)
<ul> <li>□ Publicly Traded Corporation – Pages 1,2,3,4</li> <li>□ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b</li> <li>□ Sole Owner – Pages 1,2,3,7</li> <li>Please check box for type of ownership and complete correct part of the application.</li> </ul>
GENERAL INFORMATION
Facility Name: Imprimis NJOF, LLC
Physical Address: 1705 Route 46, Suite 6B, Ledgewood, NJ 07852
Mailing Address: 12264 El Camino Real, Suite 350
City: San Diego State: CA Zip Code: 92130
Telephone: (844) 446-6979 Fax: (862) 244-4340
Toll Free Number: (844) 446-6979
E-mail: imprimisnjof@imprimispharma.com Website: N/A
Facility Manager: Suja Alum
Professional qualifications and experience of facility manager: PharmD (See attached resume)
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies
Type of Products to be handled or wholesaled be firm:
<ul> <li>☑ Legend Pharmaceuticals, Supplies or Devices</li> <li>☑ Poisons or Chemicals</li> <li>☑ Controlled Substances (include copy of DEA)</li> <li>☑ Other:</li></ul>





431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

#### APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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(non-refundable and not transferable money order or cashier's check only)

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New Wholesaler	☐ Ownership Change (Please provide current license number if making changes: WH)
□ Non Publicly Trad	Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7 ox for type of ownership and complete correct part of the application.
GENERAL INFOR	MATION
Facility Name:	Integra LifeSciences Corporation
Physical Address:	4900 Cameron Drive, Building A, Cincinnati, OH 45227
Mailing Address:	311 Enterprise Drive
City: Plainsboro	State: NJ Zip Code: 08536
Telephone: (513	) 533-7979 Fax: (513) 271-1951
Toll Free Number:	
E-mail: john.tarca	@integralife.com Website: www.integralife.com
Facility Manager:	John Tarca, Interim Plant Manager
Professional qualifi	ications and experience of facility manager: See Exhibit 4
Types of licensed of	outlets or authorized persons firm will serve:
☐ Pharmacies ☑ Other:Surge	☑ Practitioners ☑ Hospitals ☑ Wholesalers ery Centers
Type of Products to	be handled or wholesaled be firm:
☐ Poisons or Che	aceuticals, Supplies or Devices  micals  Uterinary Legend Drugs  stances (include copy of DEA)  cal Devices only - no drugs



431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

# APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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=6 Niana Milantan I		
New Wholesaler		
	(Please provide current license number	r if making changes: WH)
□ Non Publicly Trad	Corporation – Pages 1,2,3,4 ded Corporation – Pages 1,2,3,5a,5b x for type of ownership and complete	☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7 c correct part of the application.
GENERAL INFOR		
Facility Name:	Integra York PA, Inc.	
Physical Address:	589 Davies Drive, York PA 17402	2
Mailing Address: _	311 Enterprise Drive	
City: Plainsboro	State: NJ	Zip Code: 08536
Telephone: (717)		(717) 840-9347
Toll Free Number:	(800) 221-1344	
E-mail: kurt.aisser	n@integralife.com Websi	ite:www.integralife.com
Facility Manager: _	Kurt Aissen, Plant Manager	
Professional qualific	cations and experience of facility n	manager: See Exhibit 4
Types of licensed o	utlets or authorized persons firm w	vill serve:
□ Pharmacies ☑ Other: Surge	☑ Practitioners ry Centers	☑ Hospitals ☑ Wholesalers
Type of Products to	be handled or wholesaled be firm	<u> </u>
<ul><li>☐ Poisons or Chen</li><li>☐ Controlled Subst</li></ul>	ceuticals, Supplies or Devices nicals tances (include copy of DEA) al Devices only - no drugs	☐ Hypodermic Devices☐ Veterinary Legend Drugs



431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

### APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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New Wholesaler	☐ Ownership Change
	(Please provide current license number if making changes: WH)
□ Non Publicly Trade	orporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6 ed Corporation – Pages 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7 c for type of ownership and complete correct part of the application.
GENERAL INFORM	MATION
=	edline Industries Holdings, LP
	One Medline Drive, Wilmer TX 75172
Mailing Address: _	
City: Northfield	State:IL Zip Code:60093
Telephone: 972-5	25-3424 Fax: 972-525-6261
Toll Free Number:	1-800-633-5463
E-mail: mjortiz@mo	edline.com Website: www.medline.com
Facility Manager: _	Brian Firkins
I help oversee the faci record keeping and in	cations and experience of facility manager: Over 4 years of Drug Distribution experience and am involved with ensuring the accuracy of transactions, procedures, policies oventory.  See Attachment 3  utlets or authorized persons firm will serve:
<ul><li>Pharmacies</li><li>Other: Nursing H</li></ul>	Practitioners Hospitals Wholesalers  Iomes, Surgery Centers, Long term Care
Type of Products to	be handled or wholesaled be firm:
Poisons or Cher	tances (include copy of DEA)



431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

# APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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Application must be printed legibly or typed

□ Publicly Traded Corporation □ Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation □ Pages 1,2,3,5a,5b □ Sole Owner □ Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name: Neos Therapeutics Brands, LLC
Physical Address: 2940 N. HWY 360 Ste. 400
Mailing Address: Same as above
City: Grand Prairie State: TX Zip Code: 75050
Telephone: 972-408-1300 Fax: 972-408-1143
Toll Free Number:
E-mail: reglicense@neostx.com Website: http://www.neostx.com/
Facility Manager: Rich Eisenstadt
Professional qualifications and experience of facility manager: See Attached
Types of licensed outlets or authorized persons firm will serve:
☐ <b>Pharmacies</b> ☐ <b>Practitioners</b> ☐ Hospitals ☑ Wholesalers ☑ Other: Retailers
Type of Products to be handled or wholesaled be firm:
□ Legend Pharmaceuticals, Supplies or Devices □ Hypodermic Devices □ Poisons or Chemicals □ Veterinary Legend Drugs □ Controlled Substances (include copy of DEA)Virtual Manufacturer □ Other: □

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431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

### APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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☐ Ownership Change  (Please provide current license number if making changes: WH)
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name: Nephron SC, Inc.
Physical Address: 4500 12th Street Ext.
Mailing Address: _as above
City: West Columbia State: South Carolina Zip Code: 29172
Telephone: 1-800-443-4313 Fax: 1-803-926-9850
Toll Free Number: as above
E-mail: license@nephronpharm.com Website: www.nephroncompounding.com
Facility Manager: Kristopher Le
Professional qualifications and experience of facility manager: resume attached
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other:
Type of Products to be handled or wholesaled be firm:
<ul> <li>✓ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other: _503B Sterile Compounded products: NOT patient-specific</li> </ul>





431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

# APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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Application must be printed legibly or typed

□ New Wholesaler □ Ownership Change
(Please provide current license number if making changes WH 00950)
<ul> <li>Publicly Traded Corporation – Pages 1,2,3,4</li> <li>□ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b</li> <li>□ Sole Owner – Pages 1,2,3,7</li> <li>Please check box for type of ownership and complete correct part of the application.</li> </ul>
GENERAL INFORMATION
Facility Name: Fred Meyer Stores, Inc. DBA Peyton' Phoenix
Physical Address: 5303 W. Buckeye Road Phoenix, AZ 85043
Mailing Address: Kroger Business Licenses P.O. Box 305103
City: Nashville State: TN Zip Code: 37230-5103
Telephone: 615-232-9767 Fax: 615-232-9740
Toll Free Number:  business.license@kroger.com  E-mail: andy.buquet@kroger.com  Website:
Facility Manager: Bradley M. Smith
Professional qualifications and experience of facility manager: Warehouse/Logistics Operations with pharmaceutical products including controlled substances (See Attached Resume)  Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☐ Other:
Type of Products to be handled or wholesaled be firm:
<ul> <li>☐ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li> </ul>



431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

### APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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Application must be printed legibly or typed

New Wholesaler
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□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name: PROTEIN SCIENCES CORPORATION
Physical Address: 1000 RESEARCH TARKWAY MERIDEN, CT 0450
Mailing Address:SAME AS ABOVE
City: State: Zip Code:
Telephone: $(2-3)$ 686-6803 Fax: $(2-3)$ 686-0268
Toll Free Number:
E-mail: Information reprotein sciences : com
Facility Manager: Timothy J. Fields
Professional qualifications and experience of facility manager: SVP Qualify
Types of licensed outlets or authorized persons firm will serve:
Pharmacies Practitioners Hospitals Wholesalers  Other:
Type of Products to be handled or wholesaled be firm:
☐ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other: ☐ Hypodermic Devices ☐ Veterinary Legend Drugs



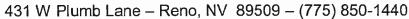
431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

# APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy (non-refundable and not transferable money order or cashier's check only) Application must be printed legibly or typed

The Name of the Control of the Contr
✓ New Wholesaler
<ul> <li>✓ Publicly Traded Corporation – Pages 1,2,3,4</li> <li>✓ Partnership - Pages 1,2,3,6</li> <li>✓ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b</li> <li>✓ Sole Owner – Pages 1,2,3,7</li> <li>✓ Please check box for type of ownership and complete correct part of the application.</li> </ul>
GENERAL INFORMATION
Facility Name: Pfizer Inc.
Physical Address: 10501 80th Avenue
Mailing Address: Same as above
City: Pleasant Prairie State: WI Zip Code: 53158
Telephone: 262-577-6092 Fax: 262-577-6849
Toll Free Number: N/A
E-mail: timothy.stanard@pfizer.com Website: www.pfizer.com
Facility Manager: Timothy Stanard
Professional qualifications and experience of facility manager: See attached
Types of licensed outlets or authorized persons firm will serve:
☑ Pharmacies ☑ Practitioners ☑ Hospitals ☑ Wholesalers ☑ Other: <u>Distributors</u>
Type of Products to be handled or wholesaled be firm:
<ul> <li>✓ Legend Pharmaceuticals, Supplies or Devices</li> <li>✓ Poisons or Chemicals</li> <li>✓ Controlled Substances (include copy of DEA)</li> <li>✓ Other: Biologics</li> <li>✓ Hypodermic Devices</li> <li>✓ Veterinary Legend Drugs</li> </ul>
Note: License RH0276863 being Page 1







### APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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✓ New Wholesaler	☐ Ownership Change (Please provide current license number if making changes: WH)				
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.					
GENERAL INFOR	MATION				
Facility Name: Sa	ol Therapeutics Inc.				
Physical Address:	1000 Holcomb Woods Parkway, Suite 207				
Mailing Address: _	1000 Holcomb Woods Parkway, Suite 207				
City: Roswell	State: Zip Code: <u>30076</u>				
Telephone: 770-2	74-2500 Fax: <u>770-274-2508</u>				
Toll Free Number:					
E-mail: info@saolr	x.com Website: www.saolrx.com				
Facility Manager: Brian Jennette					
Professional qualifications and experience of facility manager: <sup>7</sup> years experience as senior finance					
executive in pharmaceutical industry, 7 years experience in managing drug distribution and the 3PL relationship					
Types of licensed outlets or authorized persons firm will serve:					
<ul><li>✓ Pharmacies</li><li>✓ Other: Hospita</li></ul>	☑ Practitioners ☐ Hospitals ☐ Wholesalers				
Type of Products to be handled or wholesaled be firm:					
☐ Poisons or Che	aceuticals, Supplies or Devices  micals  U Hypodermic Devices  U Veterinary Legend Drugs  stances (include copy of DEA)				



431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

# APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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[ AL AND					
New Wholesaler □ Ownership Change (Please provide current license number if making changes: WH)					
<ul> <li>□ Publicly Traded Corporation □ Pages 1,2,3,4</li> <li>□ Non Publicly Traded Corporation □ Pages 1,2,3,5a,5b</li> <li>□ Sole Owner □ Pages 1,2,3,7</li> <li>Please check box for type of ownership and complete correct part of the application.</li> </ul>					
GENERAL INFORMATION					
Facility Name: Vanda Pharmaceuticals Inc.					
Physical Address: 2200 Pennsylvania Ave NW Suite 300-E					
Mailing Address: 2200 Pennsylvania Ave NW Suite 300-E					
City: Washington State: DC Zip Code: 20037					
Telephone: <u>202-734-3400</u> Fax: <u>202-296-1450</u>					
Toll Free Number: n/a					
E-mail: annie.gallagher@vandapharma.com Website: www.vandapharma.com					
Facility Manager: _James Kelly					
Professional qualifications and experience of facility manager: See Attached					
Types of licensed outlets or authorized persons firm will serve:					
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other: Specialty Pharma & Distribution					
Type of Products to be handled or wholesaled be firm:					
☐ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:					



431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

### APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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<ul> <li>□ Publicly Traded Corporation – Pages 1,2,3,4</li> <li>□ Partnership - Pages 1,2,3,6</li> <li>☑ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b</li> <li>□ Sole Owner – Pages 1,2,3,7</li> <li>Please check box for type of ownership and complete correct part of the application.</li> </ul>
GENERAL INFORMATION
Facility Name: West-Ward Pharmaceuticals Corp.
Physical Address: 2/30 Rohr Road
Mailing Address: 5qme
City: Lockbourne State: Ohio Zip Code: 43137
Telephone: <u>6/4-141-4/60</u> Fax: <u>6/4-308-3573</u>
Toll Free Number: not applicable  E-mail: jclarkson @ west-ward.com Website: www.west-ward.com.
Facility Manager: James Clarkson
Professional qualifications and experience of facility manager: See attacked resume
Types of licensed outlets or authorized persons firm will serve:
□ Pharmacies □ Practitioners ☑ Hospitals ☑ Wholesalers ☑ Other: <u>Clinics</u>
Type of Products to be handled or wholesaled be firm:
Legend Pharmaceuticals, Supplies or Devices  ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:



431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

	☐ Ownership Chang ease provide current li		aking changes: MP or N	MW)	
☐ Publicly Traded Cor ☑ Non Publicly Traded	poration – Pages 1,:   Corporation – Page	2,3,4 es 1,2,3,5	□ Partnership	- Pages 1,2,3,6 - Pages 1 2 3 7	
FACILITY INFORMA					
Facility Name: Con	nplete Care	Medical	1 Supply c	lnc.	
Physical Address: (	his must be a business add	ra Blud e	license to a home address)	91436	
Mailing Address: 14			<u> </u>		
City: Encino		_ State: _Ca	ے Zip Code:	91436	
Telephone: (8/8)	786-9533	Fax: <u>{</u>	818)986-983	24	
E-mail: fred. Comple	te carefoughou	<u>∂. &lt;ბ</u> ∽ Websit	e: www. Complete	care medical supple	inc ca
DAYS AND HOURS	THAT THE FACILI	ITY WILL BE RI	EGULARLY OPERA	ATING	27 1 201
Mon: <u>Mam to lepm</u> T Fri: <u>Mam to lepm</u> S	at: ८०४९	Sun: closed to	Holidays: Clos	<u> </u>	
MDEG ADMINISTRAT					
Name: Faramar:			marge on a daily ba	010	
	<b>J</b>			<del></del>	
TYPE OF MDEG PRO	DUCIS THAT WI	LL BE SOLD (C	HECK ALL APPLI	CABLE)	
☐ Medical Gases**		Assis	tive Equipment		
Respiratory Equipr		☐ Parer	nteral and Enteral E	quipment**	
☐ Life-sustaining equ	ipment**	₽ Ortho	tics and Prosethics		
Diabetic Supplies	<b>-</b>	Other: _			
**If providing these type	s of services you are	e required to have	∍ in place a mechanis	sm to ensure continued	
care in the event of an e Name: Andrew Wi	Hans	name and teleph Telephor	none number of Neva ne: (8/8)754-7	da contact.	
	- Carlotte of Carlo	Page 1	10. (010) 15 T	1 11	
		. ~5~ .			

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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Application must be printed legibly or typed

New MDEG	
□ Publicly Traded Corporation Pages 1,2,3,4 □ Partnership Pages 1,2,3,6 □ Sole Owner Pages 1,2,3,7 □ Please check box for type of ownership and complete correct part of the application.	
FACILITY INFORMATION	
Facility Name: Essential Medical Solutions, Inc	
Physical Address: 4 Newbern Hay, Ste C, Yorkville, TN 38389 (This must be a business address, we gan not issue a license to a home address)	
Mailing Address: 4 Newbern Hwy Ste C	
City: Yorkville State: TN Zip Code: 38389	
Telephone: 877-278-1079 Fax: 877-231-3088	
E-mail: Website: Essetial med usa. Com	
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING	
Mon: 8:00 to 5:00 Tue: 8:00 to 5:00 Wed 8:00 to 5:00 Thu: 8:00 to 5:00	
Fri: 8 00 to 5 00 Sat: Closed Sun: 3 Closed Holidays: Closed	
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis	
Name: Amy Webb	
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)	
☐ Medical Gases** ☐ Assistive Equipment	
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**	
□ Life-sustaining equipment**  □ Orthotics and Prosethics	
Diabetic Supplies Other: Ostomy & prological Supplies	
**If providing these types of services you are required to have in place a mechanism to ensure continued	
care in the event of an emergency. Provide name and telephone number of Nevada contact.	
Name: Telephone: Page 1	1
I AND I	-



431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

# APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

☑New MDEG	☐ Ownership Cha	nge	1		<del></del>	
	(Please provide current	t license num	iber if makii	ng changes: N	MP or MW	/
☐ Publicly Traded	Corporation – Pages	1,2,3,4		□ Partne	ership - F	Pages 1,2,3,6
Non Publicly Tra	Corporation – Pages Ided Corporation – Pa	iges 1,2,3,5		☐ Sole C	Numar I	74007
Please	check box for type of	ownership a	and comple	ete correct pa	art of the	application.
FACILITY INFOR	MATION					
Facility Name: De	ePuy Synthes Products	Inc.				
Physical Address	1101 Synthes Ave.					
and the second s	(This must be a business a	ddress, we can r	ot issue a licer	ise to a home addr	ess)	
Mailing Address:						
City: Monument	···	State:	со	Zip Cod	e: <u>8013</u>	2
Telephone: 719-48	31-5300	· · · · · · · · · · · · · · · · · · ·	Fax: <u>719-</u>	<del>481-554</del> 3		
E-mail: CRIVE	81-5300 RA 2@its.Jug	· LOM	Website:	www.depuys	ynthes.co	m
DAYS AND HOUR	S THAT THE FACI	LITY WILL	BE REG	ULARLY O	PERATI	NG
						 _ 24 hours / 7 days a week -
Fri: <u>to</u>	Sat: <u>to</u>	Sun:	to	Holidays:	to	
	RATOR INFORMAT					
Name: Eduardo Rive				J = 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3 =	., 20010	
TYPE OF MDEG P	RODUCTS THAT V	VIII BE S	OI D (CHI	ECK ALL A		
		···_ DL O	OLD (OIII	LON ALL A	FFLICA	DLE)
☐ Medical Gases*	*		Assistive	e Equipment		
☐ Respiratory Equ			Parenter	al and Ente	ral Foui	nment**
☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics				pinonir		
☐ Diabetic Supplie	es	<b>€</b>	her Pres	crintian madia	ما مامىئىم ــ	s.
and in the second	/pes of services you a	are required	to have in	place a mee	hanian A	
Name: N/A	in emergency. Provid	ie name and	telephoni	e number of	Nevada (	contact.
Hame. 14/1		Te	lephone:	_N/A		
		Pag	e 1			



431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

#### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.	
FACILITY INFORMATION	
Facility Name: FREEDOM ORTHOTICS, INC.	
Physical Address: 1714 COUNTY ROAD 1 SUITE 73  (This must be a business address, we can not issue a license to a home address)	
Mailing Address: 1714 COUNTY ROAD 1, SUITE 73	
City: DUNSDIN State: FL Zip Code: 34698	
Telephone: (127) 754-9493 Fax:	
E-mail: j harrison@Freedonorthotics.conWebsite: www. Freedon onthotics.con	1
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING	
Mon: 8 Ato 2 M Tue: 8 Ato 7 Pm Wed: 8 Ato 2 Pm Thu: 8 Ato 73 Pm	
Fri: Ka to Za Sat: to Sun: to Holidays: to	
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis	
Name: TOHN HARRISON	
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)	
□ Medical Gases** □ Assistive Equipment	
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**	
☐ Life-sustaining equipment**  ☑ Orthotics and Prosethics	
☐ Diabetic Supplies Other:	
**If providing these types of services you are required to have in place a mechanism to ensure continue	d
care in the event of an emergency. Provide name and telephone number of Nevada contact.	
Name: Telephone:	
Page 1	





431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

# APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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New MDEG	Ownership Change			
Dublish Total de	(Please provide current license number if making changes: MP or MW)			
Non Publicly Traded C	corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6			
Please cl	Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7 heck box for type of ownership and complete correct part of the application.			
	71 and complete concerpant of the application.			
FACILITY INFORM	MATION			
-	HCS TENS Services LLC			
Physical Address:	10800 North Congress Ave. Suite C Kansas City MO 64153-1228			
	(This must be a business address, we can not issue a license to a home address)			
Mailing Address: _	19387 US 19 North			
City: Clearwater	State: FL Zip Code: 33764			
Telephone: 844-	437-5479 Fax:			
E-mail:denisse.g	rooms@ahom.com Website: none			
DAYS AND HOURS	S THAT THE FACILITY WILL BE REGULARLY OPERATING			
	Tue: 8:00 to Wed: 8:00 to 5:00 Thu: 8:00 to 5:00			
	Sat: to Sun: to Holidays: to			
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis				
Name: Dorothy S				
TYPE OF MDEG PA	RODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)			
	NODOTO THAT WILL BE SOLD (CHECK ALL APPLICABLE)			
☐ Medical Gases**	- Assistive Edulbitieni			
☐ Respiratory Equi	pment**			
☐ Cite-sustaining equipment** ☐ Orthotics and Prosethics				
If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.				
Name: Telephone:				
	Page 1			

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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Application must be printed legibly or typed

□ New MDEG □ Ownership Change (Please provide current license number if making changes: MP or MW)					
□ Publicly Traded Corporation Pages 1,2,3,4 □ Partnership Pages 1,2,3,6 □ Non Publicly Traded Corporation Pages 1,2,3,5 □ Sole Owner Pages 1,2,3,7 □ Please check box for type of ownership and complete correct part of the application.					
FACILITY INFORMATION					
Facility Name: Innovative Medical Solutions Experts, DBA IMS Experts, LLC					
Physical Address: 1696 Country Club Drive (This must be a business address, we can not issue a license to a home address)					
Mailing Address: 1696 Country Club Drive					
City: Mansfield State: Texas Zip Code: 76063					
Telephone: (817)453-9767 Fax: (817)473-1839					
E-mail: Sissy_ims@att.net Website: imsexperts.net					
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING					
Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5					
Fri: 9 to Sat: na to Sun: na to Holidays: na to					
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis					
Name: Kimberly Welch is owner, Sissy Nicholson is contract specialist					
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)					
☐ Medical Gases** ☐ Assistive Equipment					
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**					
☐ Life-sustaining equipment**  ☐ Orthotics and Prosethics					
☐ Diabetic Supplies Other: Bone Growth Stimulators, TENS Unit					
**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.					
Name: Kimberly Welch Telephone: 817-453-9767					
Page 1					



431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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(non-refundable and not transferable money order or cashier's check only)

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ĎNew MDEG	☐ Ownership Chan (Please provide current)		ng changes: MP or MW)
☐ Publicly Traded C☐ Non Publicly Trac	Corporation – Pages 1 ded Corporation – Pag	,2,3,4 ges 1,2,3,5	☑ Partnership - Pages 1.2.3.6
FACILITY INFORM	MATION		
Facility Name:	Mari Medical C	are LLC	
Physical Address:	3260 New MacL	and Rd, Bldg 100, Power	
Mailing Address: _	1305 City View Center		
City: Oviedo		State: <sub>FL</sub>	Zip Code:32765
Telephone:	678-695-8073	Fax:6	78-695-8073
E-mail:twright@	erxcinc.com	Website:	n/a
DAYS AND HOUR	S THAT THE FACIL	ITY WILL BE REG	ULARLY OPERATING
Mon: 8AMto 5PM	Tue: 8AM to 5PM	Wed: 8AM to5PM	Thu: 8AMto 5PM
Fri: 8AM to 5PM	Sat: Closedo	Sun: Closedto	Holidays: Closedo
MDEG ADMINISTR	ATOR INFORMATI	ON: Person in char	rge on a daily basis
Name: Edwina Rios			
TYPE OF MDEG P	RODUCTS THAT W	/ILL BE SOLD (CHE	EGK/ALL APPLICABLE)
☐ Medical Gases** ☐ Respiratory Equ ☐ Life-sustaining e ☐ Diabetic Supplie **If providing these ty	ipment** equipment** s pes of services you a	☐ Assistive☐ Parenter☐ Parenter☐ Parenter☐ Orthotics and ☐ Other: Backerererequired to have ine name and telephone	e Equipment ral and Enteral Equipment**

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#### **NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

#### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

New MDEG ☐ Ownership Change (Please provide current license number if making changes: MP or MW)						
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7 ☐ Please check box for type of ownership and complete correct part of the application.						
FACILITY INFORMATION						
Facility Name:National Bladder Association, LLC						
Physical Address:  253 Plaza Drive, Unit A, Oviedo, FL 32765  (This must be a business address, we can not issue a license to a home address)						
Mailing Address:1305 City View Center						
City: State: Zip Code:32765						
Telephone:						
E-mail:twright@rxcinc.com Website:n/a						
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING						
Mon: 8AM to 5PM Tue: 8AM to 5PM Wed: 8AM to 5PM Thu: 8AM to 5PM						
Fri: 8AM to 5PM Sat: closed to Sun: closed to Holidays: closed to						
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis						
Name:						
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)						
<ul> <li>☐ Medical Gases**</li> <li>☐ Respiratory Equipment**</li> <li>☐ Parenteral and Enteral Equipment**</li> </ul>						
<ul> <li>☐ Respiratory Equipment**</li> <li>☐ Life-sustaining equipment**</li> <li>☐ Orthotics and Prosethics</li> </ul>						
☐ Diabetic Supplies Other: back, knee, wrist, shoulder, ankle braces and tens units						
**If providing these types of services you are required to have in place a mechanism to ensure continued						
care in the event of an emergency. Provide name and telephone number of Nevada contact.						
Name: Telephone:						
Page 1						

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## **NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

# APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

New MDEG ☐ Ownership Change					
(Please provide current license number if making changes: MP or MW)					
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Sole Owner – Pages 1,2,3,7 □ Please check box for type of ownership and complete correct part of the application.					
FACILITY INFORMATION					
Facility Name: SYCAMORE PERSONAL AND WELLNESS CARE, LLC					
Physical Address: 17300 N. Dallas Parkway, #1080B, Dallas, TX 75248					
(This must be a business address, we can not issue a license to a home address)					
Mailing Address: 17300 N. Dallas Parkway, #1080B, Dallas, TX 75248					
City: Dallas State: TX Zip Code: 75248					
Telephone: <u>1-866-489-4016</u> Fax: <u>1-866-559-8802</u>					
E-mail: D.Davis@Sycamore-dme.com Website: www.Sycamore-dme.com					
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING					
Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm					
Fri: 8am to 5pm Sat: - to - Sun: - to - Holidays: - to -					
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis					
Name: Dee Davis					
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)					
THE ST. MIDES I RODGETO THAT WILL BE SOLD (CHECK ALL APPLICABLE)					
☐ Medical Gases** ☐ Assistive Equipment					
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**					
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics					
☐ Diabetic Supplies Other: Braces, pillows, tens units, posture numbs					
"If providing these types of services you are required to have in place a mechanism to ensure continued					
Are in the event of an emergency. Provide name and telephone number of Nevada contact.					
Name:N/A Telephone:N/A					



431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

#### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

□New MDEG		
(Please provide current license number if making changes: MP or MW		
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6		
Non Publicly Traded Corporation – Pages 1,2,3,5 □ Sole Owner – Pages 1,2,3,7		
Please check box for type of ownership and complete correct part of the application.		
FACILITY INFORMATION		
Equility Name: Walgreens Mail Service		
Facility Name:		
Physical Address: 8350 S. River Pkwy., Tempe, AZ 85284-2615		
(This must be a business address, we can not issue a license to a home address)		
Mailing Address: PO Box 901		
City:State:ILZip Code:60015		
Telephone: Fax: Fax:		
relephone: Fax: Fax:		
E-mail:xm.03397@store.walgreens.com Website:walgreens.com		
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING		
Mon: 5:15AM to 8:30PM Tue: 5:15AM to 8:30PM Wed: 5:15AM to 8:30PM Thu: 5:15AM to 8:30PM		
Fri: 5:15AM to 8:30PM Sat: 6AM to 8:30PM Sun: 11:30AYo 8:30PM Holidays:to		
Fil. 3.13AM LO 3.33AM Sat. 10 Sun. Marketo Holidays. 10		
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis		
Name:Hazem Abawi		
Name:		
TYPE OF MORE PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)		
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)		
☐ Medical Gases** ☐ Assistive Equipment		
☐ Medical Gases** ☐ Assistive Equipment ☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**		
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics		
☐ Diabetic Supplies Other:		
**If providing these types of services you are required to have in place a mechanism to ensure continued		
care in the event of an emergency. Provide name and telephone number of Nevada contact.		
Name: Telephone:		

Page 1



431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

#### APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

## (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

New Pharmacy   Ownership Change  (Please provide current	e □ Name Change □ Location Change license number if making changes: PH)	
□ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b □ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b □ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b □ Partnership - Pages 1,2,5,7,8a,8b □ Sole Owner – Pages 1,2,6,7,8a,8b □ Please check box for type of ownership and complete correct part of the application.		
GENERAL INFORMATION to be completed by all types of ownership		
Pharmacy Name: Elite Endosco	by Southwest	
Physical Address: 9120 W Post R	d Ste 102	
Mailing Address:Same		
City: <u>Las Vegas</u> State: Telephone: <u>702 - 485-5100</u>	NV Zip Code: 89148	
Telephone: 102 - 485-5100	Fax: _702-485-5101	
Toll Free Number:		
E-mail: + paglue med. com Website: eliteendo. com		
Managing Pharmacist: Mary Great Rih License Number: 10687		
Hours of Operation:		
Monday thru Friday <u>7</u> am <u>3</u> pm	Saturdayampm	
Sundayampm	24 Hours	
TYPE OF PHARMACY	SERVICES PROVIDED	
☐ Retail	☐ Off-site Cognitive Services	
☐ Hospital (# beds)	□ Parenteral	
☐ Internet	☐ Parenteral (outpatient)	
☐ Nuclear	☐ Outpatient/Discharge	
☐ Out of State	☐ Mail Service	
Ambulatory Surgery Center	☐ Long Term Care	



431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

# APPLICATION FOR NEVADA PHARMACY LICENSE

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New Pharmacy ☐ Ownership Change (Please provide current	e □ Name Change □ Location Change t license number if making changes: PH)	
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☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b ☐ Partnership - Pages 1,2,5,7,8a,8b ☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b ☐ Please check box for type of ownership and complete correct part of the application.		
GENERAL INFORMATION to be completed by all types of ownership		
Pharmacy Name: Procision Surgan		
Physical Address: 1701 Bearden Drive Svite 202		
Mailing Address: 1701 Beardon Driv	e, suite 200	
City: Las Vegas State:	NeVada Zip Code: 891010	
Telephone $(702)310-9110-ext. 2007$ Fax: $(702)310-9114$		
Toll Free Number:   MA		
E-mail: Zar Capx medical center net	Website: 🤣 MA	
Managing Pharmacist: Mary Greer	License Number: 10687	
Hours of Operation:		
Monday thru Fridayampm	Saturday _ Class of pm	
Sundaypm	24 Hours W/A	
TYPE OF PHARMACY	SERVICES PROVIDED	
☐ Retail	☐ Off-site Cognitive Services	
☐ Hospital (# beds)	☐ Parenteral	
☐ Internet	🕱 Parenteral (outpatient)	
☐ Nuclear	☐ Outpatient/Discharge	
□ Out of State	☐ Mail Service	
Ambulatory Surgery Center	☐ Long Term Care	